

WISCONSIN INFANT MORTALITY BACKGROUND AND RELATED EFFORTS (SELECTED)

Highest black-white infant mortality disparity in Region V: In 2008-2010, the disparity ratio of African American to white infant mortality rates was 2.7, meaning an infant born to an African American woman was 2.7 times as likely to die before reaching its first birthday as an infant born to a white woman. If African American infant mortality were reduced to the white infant mortality level, 60 of the 95 deaths in 2010 would have been prevented. In 2010, African American infants represent 10% of the births and 24% of the deaths. <http://www.dhs.wisconsin.gov/publications/P0/p00144-2012.pdf>

Introduction of life-course approach to Wisconsin by Dr. Michael Lu in 2003: This new paradigm was introduced in Wisconsin by Michael Lu, MD, MPH of UCLA, at his keynote speech at a perinatal summit sponsored by Title V MCH Program and partners. By 2004, eliminating racial and ethnic disparities in birth outcomes had become a Department of Health Services (DHS) priority. http://journals.lww.com/jphmp/Fulltext/2008/11001/Wisconsin_Healthy_Birth_Outcomes_Minority_Health.11.aspx

Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes: This committee was established to advise DHS and promote the strategies of the *Framework for Action*. Workgroups on communication and outreach, data, evidence-based practices, and policy and funding submitted recommendations in 2009. A website was created (<http://dhs.wisconsin.gov/healthybirths>) and town hall meetings were held to raise awareness, monitor progress, and promote best practices.

University of Wisconsin School of Medicine and Public Health, Life-Course Initiative for Healthy Families (LIHF): DHS staff collaborates on this multi-year initiative to improve African American birth outcomes in Milwaukee, Racine, Kenosha, and Beloit, which was initially funded at \$10 million. Additional PRAMS data in these 4 communities will be used to evaluate the program. <http://www.med.wisc.edu/wisconsin-partnership-program/lifecourse-initiative-for-healthy-families/502>

Partnership with Medicaid on Medical Home Pilot in Southeastern Wisconsin: Providers in the medical home project in southeast Wisconsin receive \$1,000 for each woman enrolled by 18 weeks gestation with ≥10 visits and a post-partum visit. Eligible pregnant women met these criteria: 1) listed on the High Risk Registry, identified by their physician to be eligible for the high risk registry, or are under age 18; and 2) live in certain high-risk zip codes or have a chronic medical condition. If there is a good outcome, the provider receives an additional \$1,000. <http://www.dhs.wisconsin.gov/rfp/DHCF/pdf/Southeast%20Wisconsin%20Medicaid%20Managed%20Care%20Organizations%20RFP.pdf>

Life course training and integration into state and local MCH programs: The state MCH program provided training to local health departments on the life-course framework and developed resources for the local health departments to provide training to their partners. Resources included the CityMatch Life Course Game; a website with links to key articles, presentations, and toolkits; a train-the-trainer presentation with a script; and a sample agenda for community presentations. <http://link.springer.com/article/10.1007%2Fs10995-013-1225-x> and <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/core-competency/1b.htm>

Wisconsin Healthiest Women Initiative: Over the course of a year (2011-2012), the MCH program convened three forums with more than 100 partners to draft system-level strategies. A draft framework is in development <http://www.dhs.wisconsin.gov/healthybirths/advisory20110908.htm> and an emerging practice on *Women's Health Now & Beyond Pregnancy* is featured by AMCHP. <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Womens-Health-Now-and-Beyond.pdf>

PRAMS: DHS implemented the Pregnancy Risk Assessment Monitoring System (CDC-funded statewide survey) in 2006 to monitor the health and experiences of women before, during, and after pregnancy. Data are used to help inform programs and policies for women, their infants, and families. Fact sheets have been completed on Postpartum Depression, Safe Sleep Practices, and Breastfeeding. A fact sheet on Unintended Pregnancy is near completion. <http://www.dhs.wisconsin.gov/births/prams/>

Comprehensive home visiting: *Empowering Families of Milwaukee (EFM)*, at the City of Milwaukee Health Department, <http://city.milwaukee.gov/Empowering-Families-of-Milwaukee.htm>, began in 2005 as an MCH-designed, interdisciplinary model; by 2007, EFM demonstrated positive birth outcomes. In 2008, EFM was transferred to the Department of Children and Families (DCF) and was refunded in 2010 as one of 11 long-term intensive home visiting projects, funded through TANF, state general purpose revenue (GPR), and/or federal Affordable Care Act MIECHV funds.

http://dcf.wisconsin.gov/children/home_visiting_needs_assessment/default.htm DCF and DHS collaborate on these evidence-based programs, which serve high-risk families starting in the prenatal period, to increase maternal and child health and school readiness, and to decrease child abuse and neglect. A GPR-funded Racine Healthy Babies project, begun in 2007, focuses on African American women and women with a previous adverse birth outcome, using the Healthy Families America model.

Stress identified as key in poor birth outcomes: In *ABCs for Healthy Families and Journey of a Lifetime* Social Marketing Campaign to Integrate Life-Course Perspective (HRSA First Time Motherhood/New Parents Initiative Grant from 2008-2010), Wisconsin was one of 13 states funded, and focused on addressing African American birth outcomes in Milwaukee and Racine. Guided by a community advisory board and technical advisory group of national experts, this community-driven campaign won an ADDY® Award. Community surveys highlighted experiences of stress as important contributors to poor birth outcomes. <http://www.dhs.wisconsin.gov/healthybirths/abcsfamilies.htm>

Partnership to Eliminate Disparities in Infant Mortality: Wisconsin was one of six states to participate in an 18-month action learning collaborative (2008-2010) sponsored by the Kellogg Foundation, Partnership to Eliminate Racial and Ethnic Disparities in Infant Mortality. Recommendations include: informing the larger Milwaukee community about racism and particularly its effects on men; promoting positive roles and images of African American fathers in the media; and establishing a coaching and mentoring program for African American men. <http://www.amchp.org/programsandtopics/womens-health/infant-mortality/Documents/TakingFirstStepBooklet.pdf>

Title V funds focus on systems development, including FIMR: The MCH Program funds the Children's Health Alliance for the "Keeping Kids Alive" initiative to expand local/regional teams to review infant and other child deaths. Reviews of fetal deaths/stillbirths (20 weeks gestation or more) and infant deaths (up to the age of 1 year) are conducted by the City of Milwaukee Health Department (since 1995), and Madison-Dane County Public Health (since 2011); 3 others (Racine, Rock and Wood counties) are under development. Review recommendations from Wisconsin's Healthiest Families Initiative to inform community prevention efforts at the local and regional level. Multiple MCH staff provide statewide technical assistance and support to these efforts.

<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/KKAdefinitions.htm> and <http://www.chawisconsin.org/kka.htm>



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